

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 1, 2017

Mr. Francis Cheney, Manager
Pine Knoll Community Care Home
601 Red Village Road
Lyndonville, VT 05851

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on August 1, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



AUG 30 2017

PRINTED: 08/15/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/01/2017
NAME OF PROVIDER OR SUPPLIER PINE KNOLL COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and the investigation of one complaint were completed by the Division of Licensing and Protection from 7/31/17 through 8/1/17. There were no regulatory violations identified related to allegations in the complaint. Regarding the re-licensing survey, the following regulatory deficiency was identified:	R100			
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.	R104			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

71JZ11

If continuation sheet 1 of 2

accepted 8/31/17
Jane Homer RN

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/01/2017
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R104	<p>Continued From page 1</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide 1 of 3 residents in the applicable sample (Resident #1) with a written admission agreement either prior to or at the time of admission. Findings include:</p> <p>During record review on 7/31-8/1/17, the facility failed to provide evidence of a written and signed admission agreement for Resident #1 [who was admitted on 5/1/17]. On 8/1/17 at 9:30 AM, the Business Office Manager confirmed that to date no admission agreement had been provided to Resident #1.</p>	R104		

*Accepted 8/31/17
Jane Hammer RN*

Pine Knoll Community Care Home

Plan of Correction

Survey Completed on August, 01, 2017

R104 V. Resident Care and Home Services

The facility failed to provide 1 of 3 residents with a written admission agreement at the time of admission.

I. Action Taken to Correct The Deficiency:

1. Resident # 1 was provided a written admission agreement and it was signed on August 01, 2017 and evidence of this was provided to the surveyor at that time.

II. Measures Put in Place to Ensure Deficient Practice Does Not Recur:

1. Social Services/Admission Coordinator will show the Administrator or (DNS if Administrator is unavailable) within 24 hours of admission evidence of a written, signed admission agreement.

All residents have the potential to be affected.

Completion date: August 01, 2017.

Diana LaFountain, RN/DNS is responsible for the correction of this deficiency.

Francis E. Cheney Admin. 8/24/2017

*Accepted 8/31/17
Jane Hosmer RN*



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

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August 15, 2017

Francis Cheney, Manager
Pine Knoll Community Care Home
601 Red Village Road
Lyndonville, VT 05851

Dear Mr. Cheney:

The Division of Licensing and Protection completed the Re-Licensing Survey at your facility on **August 1, 2017**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **August 28, 2017**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.



You may also request an informal review of all or part of the contents of the notice at any time prior to **August 28, 2017** by calling Suzanne Leavitt, RN, MS, Assistant Division Director, or Clayton Clark, Division Director at (802) 241-0480. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 241-2401.

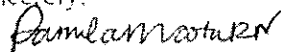
The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **August 28, 2017**.

Appeals

As noted above, you may seek an informal review from Suzanne Leavitt, RN, MS, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-2536. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at (802) 241-0480 if you have any questions.

Sincerely,


Pamela M. Cota, RN
Licensing Chief

